

Think of the devoted women who nursed the soldiers in improvised hospitals during the Civil War in this country, and without reward, except the consciousness of duty nobly done, risked their lives to alleviate suffering.

Think of the nurses who volunteered to go to the cities of Memphis and New Orleans, in 1878 and 1879, when those cities were stricken with yellow-fever epidemics, and when at times there were not enough living and well to bury the dead. The scenes of the great London plague were then duplicated, and yet into hovels where oftentimes both the dead and the dying lay, these noble women carried their ministrations of love.

Again, in the narrow circle of this institution, think of the devoted nurses who, during the great cyclone of 1896 in this city, clung to their patients when the hospital walls were falling.

Instances of self-sacrificing devotion on the part of trained and volunteer nurses might be multiplied, but these are enough to afford inspiration to any nurse who takes a serious view of the honor, dignity, and opportunities of her profession.

Be careful, be diligent, be upright, be honorable, be earnest, be loyal, be conscientious in all your professional relations, and use reasonable skill, and you need have no fear of the result.

INGENUITY AND PRIVATE NURSING

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LORD NELSON'S famous motto, "England expects every man to do his duty," has since become a watchword on many occasions. Success in any profession depends always upon some such interpretation of *noblesse oblige*. A similar rendering will express very well the relative positions of the councils of nurses to the individual nurse. The body politic achieves registration and matters of major importance all for the benefit of each individual nurse in private practice. She in her turn should be keenly alive to all the advantages she gains thereby.

The life of the private nurse is at best a trying one, in spite of the heavy fees she is supposed to draw, so we are willing to allow her every margin in the matter of criticism. Nevertheless, she does not live up to her best when she takes but an indifferent interest in the life and work of her fellows. Constantly we hear accounts of the inventions and adaptations of hospital nurses; but how seldom does anything come

from the large experience of the private nurse, where invention must be constantly taxed to cope with unheard-of difficulties?

If some persuasive genius would arise who could elicit an account of some of the experiences of nurses in private practice there would be some interesting and instructive reading for the rising generation of nurses. And how grateful young nurses and even doctors would be to have some precedents for their direction.

The day of small things is not to be despised in nursing, since it is essentially the details that count. Nothing is too small to note for the benefit of the next generation of nurses. Accustomed to modern hospital appliances, a nurse may find herself handicapped, and should not wish to put the family to the expense of getting things that will be useless afterwards. She must exercise all her ingenuity if she have not some precedents by which to be guided. Otherwise she will be in much the same position as a woman accustomed to all the luxuries of wealth left to wait upon herself.

Many things that seem small and foolish are very practical. For instance, if hot-water bottles are missing or few in number, stone beer-bottles make excellent substitutes, also bricks or smoothing-irons. One modern doctor always insists on applying heat to the abdomen by a plate, preferably of the heavy stoneware variety.

A good substitute for a fountain syringe may be made of a funnel and a piece of rubber tubing. A stomach-tube may be made of moderately soft tubing and a glass or metal funnel. Many nurses are no doubt familiar with the method of improvising Leiter's coils. Several feet of rubber tubing may be procured at any drugstore; then, allowing about two feet or more to reach the ice-water, the remaining tubing may be coiled closely to within a foot of the end, the coils being kept in place by weaving a bandage, basket fashion, about the tubing in two or three places. The air is then exhausted by piston syringe or by stripping the tube, or where this cannot be done the siphon may be started by drawing the water through the mouth.

A cradle for keeping clothing from the body in fever and fracture cases may be improvised from barrel-hoops cut in half and fastened together with laths. A bonnet-box with opening cut in one side makes a very good support for clothing over a fractured ankle or injured foot.

Other problems for the private nurse are the difficulties attending the preparation of diet in apartment and lodging houses, but a little thought and ingenuity with a small gas-burner may accomplish wonders. Egg and milk dishes may always be prepared in limited space without danger of odors. One nurse prepares a very simple and delicious steamed custard by mixing thoroughly one egg, a cup of milk, nutmeg or

vanilla flavoring, and one tablespoonful of sugar. The mixture is then poured into a pint mason-jar with loose cover and set in a saucepan of cold water over a gas-burner for thirty to forty minutes or until the custard begins to thicken.

With a mania for adapting and inventing there is a possibility that the private nurse will grow dissatisfied with more modern, up-to-date appliances, but the danger is not great, since there is room and need for both.

THE DISTRICT NURSE IN COÖPERATIVE WORK*

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To discuss the district nurse in coöperative work is to approach a subject offering so many possibilities that it is difficult to determine just where to set one's limitations.

Her position in the field of charitable endeavor is peculiarly her own. For the nature of the work has in it a double relationship—that which is purely professional in its relation to acute disease, and that which is social through its constructive and preventive work.

Just how this position can be used for mutual helpfulness is to-day a vital problem. In the past few years organized district nursing has developed rapidly and along several lines. There are in different parts of the country independent organizations, district nurses working in connection with City Health Departments in the public schools under the Board of Education, and as special departments of Charity Organization Societies. The latter method is the one followed in Minneapolis, therefore I can speak with more assurance of that than of any other. The work there is a separate department of the Associated Charities and is under the direction of the Committee on District Nursing. The committee, composed entirely of women, is responsible for raising the necessary funds and for the general direction of the work. There are three nurses in the field, one of whom devotes all her time to tuberculous patients under the general direction of the Anti-Tuberculosis Committee of the Associated Charities. This plan of work has been found better adapted to the needs of Minneapolis than an independent organization. Naturally there has existed from the first the closest coöperation between the Associated Charities and the district nurses, and as the work grows

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